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CONFIRMATION NO. 4608

<b>SERIAL NUMBER</b> 10/649,337	<b>FILING OR 371(c) DATE</b> 08/27/2003 <b>RULE</b>	<b>CLASS</b> 271	<b>GROUP ART UNIT</b> 3653	<b>ATTORNEY DOCKET NO.</b> 2662-155	
<b>APPLICANTS</b> Thomas A. Hillerich JR., Shepherdsville, KY; Mark T. Neebe, Catonsville, MD;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/469,828 05/13/2003 and is a CIP of 10/400,522 03/28/2003					
<b>** FOREIGN APPLICATIONS *****</b> <i>Nsm</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/19/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>MMK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 6449					
<b>TITLE</b> Automated induction systems and methods for mail and/or other objects					
<b>FILING FEE RECEIVED</b> 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		